

SMITHTOWN CENTRAL SCHOOL DISTRICT  
Smithtown, New York 11787

TO:

FROM:

RE: Reimbursement of Intra-District Travel Expenses

Date: \_\_\_\_\_

Be advised \_\_\_\_\_, who is employed  
(Name of Employee)

as \_\_\_\_\_ has completed required  
(Title of Position)

intra-district travel, at his/her own expense, as recorded in the attached log. Please arrange for appropriate reimbursement for this travel in the amount indicated on the completed claim form, also attached.

I certify that the total number of miles eligible for compensation is \_\_\_\_\_ miles and that this travel was completed during the period \_\_\_\_\_ to \_\_\_\_\_.  
Mo. Day Yr. Mo. Day Yr.

\_\_\_\_\_  
Administrator or Supervisor

Att: Travel Log  
Claim Form

10/81